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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/642,566	
		Filing Date	08/15/2003	
		First Named Inventor	Timothy Stamps	
		Group Art Unit	2125	
		Examiner Name	Schechtman, Sean P.	
Total Number of Pages in This Submission		4	Attorney Docket No.	40661-029
ENCLOSURES (check all that apply)				
<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment 37 CFR 1.312 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard		
Remarks:		<input checked="" type="checkbox"/> Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet.		
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Date	4/12/2006			

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Signature		Date	4-12-06



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Timothy Stamps	Group No.: 2125
Serial No.: 10/642,566	Atty. Docket No.: 40661-029
Filed: 08/15/2003	
For: Control System for Baling Machine	Examiner: Schechtman, Sean P.

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Commissioner of Patents
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Alexandria, VA 22313-1450

37 CFR 1.312 AMENDMENT

HONORABLE SIR:

In order to correct a clerical error, Applicant submits the following amendment to correct the title, which was inadvertently typed incorrectly.